**BROADWAY PRESBYTERIAN PRESCHOOL ENROLLMENT FORM – 2021-2022**

209 W. Broadway Blvd. · Sedalia, MO 65301 · 660-619-1708

**Child’s Full Name** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Birth Date**

Name child is called/should learn to write \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Gender ⬜ Male ⬜ Female

Home Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City/Zip \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How did you hear about us? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Father’s Name** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Occupation** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City/Zip \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   
Home E-mail Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell/Pager \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employer \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Hours \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Work Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Mother’s Name** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Occupation** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Home Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City/Zip \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   
Home E-mail Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell/Pager \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employer \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Hours \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Work Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Child resides with** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Siblings (Name/birth date) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Daytime care giver \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone \_\_\_\_

Person(s) authorized to take child from Preschool:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School will attend \_\_\_\_ \_\_\_\_\_\_ \_\_\_\_\_\_\_ Church Affiliation (optional) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_

Father’s Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_

Mother’s Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_ \_

**(over)**

**EARLY ENRICHMENT THREE-YEAR OLD PROGRAM** - **Must be 3 by August 1**

$40 Enrollment Fee (Non-refundable); $90 Tuition x 9 months

⬜ **3's CLASS** MONDAY & WEDNESDAY · 8:15am-11:00AM 8 Students

⬜ **3's CLASS** TUESDAY & THURSDAY · 8:15am-11:00AM 8 Students

**PRE-KINDERGARTEN FOUR AND FIVE-YEAR OLD PROGRAM** - **Must be 4 by August 1**

⬜ **4's & 5’s CLASS** MON/TUES/WED/THURS/FRI · 8:15AM-11:00AM 20 Students

$40 Enrollment Fee (Non-refundable); $140 Tuition x 9 months

***\*\*It is strongly recommended that the student has completed a 3 year-old preschool program before enrolling in the 5-day class.***

⬜ **MIXED AGE CLASS** MONDAY, WEDNESDAY & FRIDAY · 12:15PM-3PM 20 Students

$40 Enrollment Fee (Non-refundable); $110 Tuition x 9 months

***Enrollment fee must be paid in full to secure your child’s spot.***

**Doctor**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Phone**

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other medical needs/ Allergies \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Special needs ⬜ Yes ⬜ No If yes, explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**IN CASE OF EMERGENCY and parent cannot be reached, contact:**

Name \_\_ \_\_\_\_\_\_\_\_\_\_\_ Relationship \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name \_\_ \_\_\_\_\_\_\_\_\_\_\_ Relationship \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**MEDICAL AND EMERGENCY CONTACT INFORMATION**

1. \_\_\_\_\_ I will be notified at once in case of accident or illness to my child, and I will make arrangements for medical care of my child.
2. \_\_\_\_\_ If I cannot be reached to make necessary arrangements or in a critical emergency requiring medical care, I authorize **Broadway Presbyterian Preschool** to contact my physician or Bothwell Regional Health Center.
3. \_\_\_\_\_ I must give written permission for field trips, and I will be notified when they are planned.
4. \_\_\_\_\_ I have received a copy of this facility’s policies pertaining to the admission, care, and discharge of children.
5. \_\_\_\_\_ I have been informed that a copy of licensing rules for childcare centers is available at this facility for review.
6. \_\_\_\_\_ The provider is available for continuing communication regarding my child’s development, behavior, and individual needs.
7. \_\_\_\_\_ When my child is ill, I understand and agree that s/he may not be accepted for care or remain in care.

**ELIGIBILITY (Initial on all the yellow highlighted lines once you have read them.)**

1. \_\_\_\_\_ No circumstance of nationality, race, or religion is considered as a basis for acceptance.

2. \_\_\_\_\_ There is a six-week trial period for the three-year-old student.

3. \_\_\_\_\_ Child MUST be fully toilet trained.

4. \_\_\_\_\_ Immunization requirements for Preschool children must be turned in before attending school.

a. \_\_\_\_\_ Student may not attend classes until immunization form or exemption for is submitted.

b. \_\_\_\_\_ Unimmunized children are exempt from class when they:

I. Have a reportable disease OR

II. Are liable to transmit a reportable disease.

c. \_\_\_\_\_ Readmission to class is permitted by one of the following methods:

I. certification in writing by an attending physician attesting to the student’s non infectiousness.

II. Being exempt from class the length of possible incubation periods. Exemption may be 21 days

or longer depending on the reportable disease.

III. Local health authority declares that the designated healthy emergency is ended.

5. \_\_\_\_\_ Until set for the school year by the Board, tuition is subject to change.

a. \_\_\_\_\_ Parents/Guardians are responsible for tuition even if there are class cancellations or student’s

miss due to illness or any other reasons.

**TUITION**

1. \_\_\_\_\_ Yearly tuition is set by the Preschool Board. They yearly tuition is divided into nine monthly installments. The installments are not reflective of the days attended in the month, but rather 1/9th of the total tuition fee. Tuition is due on the first of each month, beginning August 1st (for September) and should be paid in full by May 1st.
2. If you would like to pay your student’s tuition in full, or arrange another payment plan, please contact the church office to set that up.
3. Early Enrichment Yearly Tuition is $810. Nine monthly payments of $90.
4. Pre-Kindergarten Yearly Tuition is $1,260. Nine monthly payment of $140.
5. Mixed Age Yearly Tuition is $990. Nine monthly payments of $110.
6. \_\_\_\_\_ Enrollment fee must be paid in full to secure your child’s spot. $40 for all classes.

**I have read and understand the terms of Eligibility, Tuition, Medical and Emergency Contact at Broadway Presbyterian Preschool and agree to the terms.**

**Signature of Parent/Guardian \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**